



VIRGINIA DEPARTMENT OF HEALTH (VDH) DIVISION OF TUBERCULOSIS (TB) CONTROL CONTACT INVESTIGATION GUIDELINES

The Division of TB Control (DTC) has prepared the following chart, as well as some general recommendations, to assist in the initiation of contact investigations and follow-up for selected categories of contacts, and to offer recommendations for the initiation of preventive therapy during the "window period." We hope this information is useful in your efforts to control tuberculosis in the Commonwealth.

Classification	TB Lab Results	Investigation Level Required
Pulmonary TB Suspect	Smear positive, Culture Pending	<ol style="list-style-type: none"> 1. Do not wait for culture results 2. Proceed with investigation of household and identified close contacts immediately 3. All symptomatic contacts should receive CXR regardless of TST results 4. See additional information below for follow-up required for children under age 4, HIV positive and immunocompromised contacts. 5. Further investigation based on results of household screening (concentric circle), culture results, etc. If culture is positive for non-tuberculous mycobacteria (NTM), the investigation can be stopped immediately.
	Smear negative, Culture pending	<ol style="list-style-type: none"> 1. Defer investigation until results of culture received 2. If final diagnosis is clinical case, see follow-up below for clinical case
Pulmonary TB Case	Smear positive, culture positive	<ol style="list-style-type: none"> 1. Proceed with concentric circle contact investigation. Evaluate household and other close contacts. Expansion of investigation based on results of screening. 2. All symptomatic contacts should receive CXR regardless of TST result. 3. All asymptomatic TST-positive contacts should be referred for CXR and evaluation for treatment of LTBI. 4. Asymptomatic contacts that are TST negative on the initial testing should have repeat testing 10-12 weeks after contact is broken. 5. See additional information below for follow-up required for children under age 4, HIV positive and immunocompromised contacts. 6. Individuals who test positive on the 2nd TST should have CXR and evaluation for treatment as outlined above.
	Smear negative, culture positive	<ol style="list-style-type: none"> 1. Contact investigation usually not indicated. 2. Consider screening household, children under 4 and immunocompromised contacts. 3. All symptomatic contacts should receive TST and CXR immediately.
Extrapulmonary TB	Smear negative/positive, Culture positive	<ol style="list-style-type: none"> 1. Collect on cluster of sputa to rule out pulmonary involvement, unless this has already been done. 2. Contact investigation usually not indicated unless there is pulmonary involvement. 3. Consider screening household, children <4, and immunocompromised contacts. 4. All symptomatic contacts should receive TST and CXR.
Clinical Pulmonary Case	Smear negative, culture negative	<ol style="list-style-type: none"> 1. Contact investigation usually not indicated. 2. Consider screening household, children under 4 and immunocompromised contacts. 3. All symptomatic contacts should receive TST and CXR.



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Additional Investigation Guidelines

- All contacts with positive TST results should be evaluated by chest x-ray.
- Symptomatic contacts should have sputum examination and further examination as warranted.
- All contacts placed on treatment for LTBI need evaluation to rule-out TB disease prior to initiating any treatment (i.e. symptom screen, TST, CXR).
- CXR results for all contacts must be recent, i.e. obtained since the initiation of the investigation or at least after contact was broken. If contact was broken and the CXR is over 3 months old, the film must be repeated prior to the initiation of any preventive treatment.
- Contacts who are known to have a previously positive TST should be evaluated for symptoms. No further follow-up is indicated for asymptomatic individuals. For those with symptoms compatible with active disease, the individual should receive a full evaluation as a TB suspect. The exception to this would be HIV positive contacts. HIV positive individuals should receive a symptom review and chest x-ray regardless of duration of TST-positivity or history of prior treatment for LTBI.

General Guidelines for Children < Age 4, HIV-positive Individuals and Other Immunosuppressed Contacts

- Children, infants, HIV-positive individuals, and other immunocompromised individuals who are contacts to smear positive confirmed or suspected pulmonary TB cases should immediately be evaluated by symptom screen, TST, a physical exam by RCC, PMD or CHCN, and chest x-ray regardless of TST result.
- The CXR must be recent, i.e. taken since the initiation of the investigation or at least after contact was broken. If contact was broken and the CXR is over 3 months old, the film must be repeated prior to the initiation of any preventive treatment. If contact was not broken, the film must be repeated prior to initiation of any preventive treatment.
- These contacts should be started on treatment for LTBI, regardless of TST result, as soon as active TB has been excluded by confirming the absence of symptoms and verification that the chest radiograph is normal. If the initial TST was negative, the TST should be repeated 3 months after contact was broken. If the repeat test is negative, treatment and follow-up can be discontinued for asymptomatic individuals. If the repeat test is positive, treatment should be continued for the entire recommended preventive course.
- For infants under 6 months of age, treatment for LTBI should be continued until such time as a repeat TST can be accomplished after age 6 months and 12 weeks have elapsed since last exposure to the infectious patient.